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FACSIMILE TRANSMITTAL SHEET

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To Examiner Karla A. Moore
USPTO

From Jay Beyer
Pritzkaus Patent Group

Number of Pages (including cover) 4

Date Sent July 17, 2006

Fax #: 571-273-8300

Message**Response to Office Action**

Examiner Karla A. Moore,

Please enter the following documents into the file for application serial number 10/828,614. The following documents are included:

Fax cover sheet	1 page
Response Transmittal (in duplicate)	2 pages
Response to Restriction Requirement	<u>1 pages</u>
Total Pages	4 pages

If there are any questions regarding this fax, please call Jay Beyer at 303-499-3859.

Sincerely,

Jay Beyer

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Jul 17 2006 12:31PM Boulder Patent Services, 303-499-8516

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PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re the application of
Daniel J. Devine, et al.
 Serial No: 10/828,614
 Filed: April 21, 2004
 For: PHOTORESIST IMPLANT CRUST REMOVAL)
) Examiner: Karla A. Moore
) Art Unit: 1763
) Attorney Docket: MAT-17
) Date: July 17, 2006

CERTIFICATE OF ELECTRONIC TRANSFER: I hereby certify that this correspondence is being electronically transmitted to the United States Patent and Trademark Office on July 17, 2006.

Signed: 
 Jay R Beyer

Commissioner of Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

SIR: Transmitted herewith is an Amendment for the above application.

- Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established
 No additional fee is required.
 Postcard included

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	NON-SMALL ENTITY
Total Claims	* 96	Minus	** 96	0	
Indep. Claims	*10	Minus	*** 10	0	
First Presentation of Multiple Dependent Claim(s)					
	*	If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.			
	**	If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.			
	***	If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.			
				Rate	Additional Fee
				x 25	\$ 0
				x 100	\$ 0
				+180	\$ 0
				Total	\$ 0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to 37 C.F.R. § 1.136(a). Enclosed please find PTO form PTO-2038 authorizing credit card payment of \$_____ to cover the Small Entity Additional Claim fee.
 The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1685 (Order No. MAT-17) (a duplicate copy of this sheet is enclosed):

- Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of extra claims.
 Any extension or petition fees under 37 C.F.R. § 1.17.

Respectfully submitted,


 Jay R Beyer
 Registration No. 39,907

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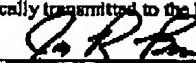
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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of
 Daniel J. Devine, et al.)
 Serial No: 10/828,614) Examiner: Karla A. Moore
 Filed: April 21, 2004) Art Unit: 1763
 For: PHOTORESIST IMPLANT CRUST REMOVAL) Attorney Docket: MAT-17
 Date: July 17, 2006)

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	***	If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.			
		Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to 37 C.F.R. § 1.136(b).			
		Enclosed please find PTO form PTO-2038 authorizing credit card payment of \$_____ to cover the Small Entity Additional Claim fee.			
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Signed: 

Jay R. Beyer

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO RESTRICTION REQUIREMENT

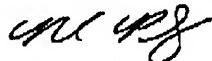
The following remarks are intended as a full and complete response to the outstanding Office Action dated (mailed) June 16, 2006.

REMARKS

The Examiner asserts that two distinct species have been claimed. It is noted, however, that Figures 11-13 are directed to Species I. Applicants believe that claims 1-46, 57-59 and 91-96 are generic. Species I includes claims 67-90 and Species II includes claims 47-56 and 60-66. Accordingly, Applicants hereby elect Species I, claims 67-90 without traverse. Hence, Applicants believe that at least claims 1-46, 57-59 and 67-96 should be examined.

If the Examiner has any questions concerning this case, the Examiner is respectfully requested to contact Mike Pritzkau at 303-410-9254.

Respectfully submitted,



Michael M. Pritzkau
Reg. No. 37,913

MAT-17

1 of 1

USSN 10/828,614